

Effective on 12/08/2004.

Fee payment to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL**FOR FY 2005**

OCT 05 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$150)

Complete if Known

Application Number

09/825,218

Filing Date

4/3/2001

First Named Inventor

Nabil Nasr et al.

Examiner Name

Russell L. Guill

Art Unit

2123

Attorney Docket No.

1819/100171

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.****FEE CALCULATION****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

FILING FEES

SEARCH FEES

EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
115	109 =	6	x	\$25	=	\$150
HP = highest number of total claims paid for, if greater than 20					\$180	\$0

<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
<u>9</u>	- 9 =	<u>0</u>	x	<u>\$100</u>	=	<u>\$0</u>

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

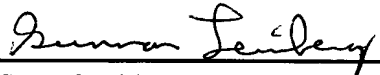
4. OTHER FEE(S)

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 35,584 (Attorney/Agent)	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg	Date	October 5, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.

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Name: _____

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EXPRESS MAIL CERTIFICATE

DOCKET NO. : 1819/100171

APPLICANTS : Nabil Nasr, Timothy Bold, Jeffrey Heintz, Scott Nichols, and
Gordon Scott Valentine

TITLE : A METHOD AND SYSTEM FOR ASSESSING
REMANUFACTURABILITY OF AN APPARATUS

Certificate is attached to the **Request for Continued Examination (RCE)**
Transmittal Letter (1 page) in duplicate and Fee Transmittal Letter (1 page) in
duplicate of the above-named application.

“EXPRESS MAIL” NUMBER: EL983812494US
DATE OF DEPOSIT: October 5, 2006

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